**Both or one of the parents of a *minor alien*, or a spouse of one of them, taking care of the minor alien, where such a spouse is a citizen of the Republic of Lithuania or holds a residence permit, reside/resides in the Republic of Lithuania (Article 43 Part 1 Point 2 of the Law on the Legal Status of Aliens)**

**** [**The determined form request to amend the temporary residence permit in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=2052)**.** *The request is submitted via the Lithuanian Migration Information System (MIGRIS);*

** Valid travel document (passport);**

**** [**Document affirming that the minor alien has sufficient funds, which are sufficient in order to live in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=1195)**, e.g., the undertaking of one of the parents or the spouse of one of the parents, who is taking care of the minor alien, to ensure the sufficient subsistence funds of the minor alien in the Republic of Lithuania and/or their *bank certificate regarding funds*\* or *employment contract.* The signature of the obligating person must be affirmed by the notary or the employee of Migration Department when the person arrives at the Migration Department. The value of subsistence funds shall be 0.5 minimum wage per month. There should be enough funds for the whole duration of the requested temporary residence permit or for at least one year.**

***This document is not required for a family member of the alien who has been granted a temporary residence permit as a person with the right to restore the citizenship of the Republic of Lithuania or a person of Lithuanian origin;***

**** ***An undertaking (confirmation) by the alien when completing the application via MIGRIS* that he/she will declare his/her place of residence in the dwelling.**

***Approval is not required for a family member of*** ***the alien granted a temporary residence permit as a person with the right to restore the citizenship of the Republic of Lithuania or a person of Lithuanian origin;***

 **Health insurance, which guarantees the payment for emergency health care services expenses and expenses that may occur, due to the return of the alien to the foreign country for health-related reasons (transportation, including, the escort of personal health care specialist(s)) and the insurance must be valid for the whole duration of the requested temporary residence permit or for at least one year\*.**

**Health insurance is not required if the minor's parents or one of the parents works in Lithuania or has worked in Lithuania for at least 6 months and is registered as unemployed with the Employment Service.**

**The alien may submit the health insurance at their own choosing:**

* **By filling-out the request via ‘MIGRIS’;**
* **By arriving at the booked visitation time to the Migration Department in order to submit documents and biometric data.**

***This document is not required for a family member of the alien who has been granted a temporary residence permit as a person with the right to restore the citizenship of the Republic of Lithuania or a person of Lithuanian origin;***

** *If another person paid the public fees for the alien*, *who is older than 16 years of age*: the extended form of the payment order of the paid public fees, wherein the name(s), surname(s), personal identification number or date of birth of the alien, for whom the payment was made, is indicated.**

I have checked whether all of the necessary documents in regards to the issuing of the temporary residence permit were submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 (Citizenship, name(s), surname(s) and date of birth of the alien)

and I have accepted/not-accepted them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name(s) and surname(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Documents issued abroad must be translated in to Lithuanian and the translations must be affirmed by the person or institution having the right to testify the translation from one language to another. Bank certificate and document affirming the health insurance may be submitted written in original English language or the English language translation from another language may be submitted, which is affirmed by the person or institution having the right to testify the translation from one language to another.**